

UVC: Dr. Shankara Chetty: Spike Protein Toxicity as Evidence of C19 Jab Related Harm

The inaugural Understanding Vaccine Causation Conference, convened by World Council for Health Steering Committee Member, Shabnam Palesa Mohamed, took place on Feb. 5, 2022. The WCH Law and Activism Committee brought together legal practitioners, doctors, scientists, and jab victim data and advocacy groups to explore a key question: How are jab adverse events proved?

Dr. Shankara Chetty joined the Medical Practice panel for his information-packed presentation, Spike Protein Toxicity as Evidence of C19 Jab Related Harm.

<https://ia902501.us.archive.org/4/items/33min-spike-proteins-do-not-exist-darko-velcek/29MIN-DR%20SHANKARA%20CHETTY%20SPIKE%20PROTEIN%20TOXICITY%20AS%20EVIDENCE%20>

[00:00:06] Shabnam Palesa Mohamed: We are now on speaker number two, and that is Dr. Shankara Chetty who also recently presented to the European Union parliament alongside both, well on his own, but also prior to that presented with Dr. Edeling and myself to the case that in parliament here in South Africa.

[00:00:24] Dr. Chetty, before you give us your talk, tell us about yourself and why this causation conference is important.

[00:00:33] Dr. Shankara Chetty: Welcome to everyone, all the people involved. I think this is a very important, vitally important conference. We know from the start of this pandemic, that there's been a motive behind what's being happening, like Dr. Rapiti has said. Doctors like myself who braved it and took the initiative to treat our patients realized very early on that Covid is a treatable illness. People didn't need to die.

[00:01:01] Quite frankly, my work pointed towards a biphasic illness that changed on the eighth day. So certain subset of the population took critically ill with a second phase of this illness on the eighth day. And, the most important part of my work was to identify that eighth day with patients and to, uh, warn them about what might transpire on that day. Because that day is vitally important in quick aggressive treatment. And for every hour and every day lost that patient spirals into more severe illness. And there's less chance, or less hope, of bringing that person back.

[00:01:47] So quite frankly, from the start, the advice to isolate people for 14 days was very disingenuous bordering on genocide. You cannot have someone have a severe reaction on the eighth day and force them to isolate till the 14th day before they seek medical attention. That is, I can't even call that poor medical advice. So, like Dr. Rapiti said, there are practitioners like myself that realized this pandemic could have been solved before it even got started.

[00:02:18] The fact that we have effective treatment puts the vaccine in a whole different light. It makes it wholly unnecessary. If you look at the pillars with which we use to manage such massive public health problems, the first is usually to try and prevent spread of this infection. The second is to treat the sick. The third is to gauge hospital treatments and try and limit hospitalizations. And the last is, if we fail in all the previous three, to develop vaccines to prevent its further spread. We turned it on its head and started with vaccines. And we started with public health strategies that were known to fail.

[00:03:03] So from the start, there's been an agenda. And I think this conference is vitally important in that there are billions around the world that have been injured by these vaccines and someone needs to stand up and take their hand. At the end of the day, we can't leave our patients to be injured by pharmaceutical agendas, government manipulation, profiteering. At the end of the day as a doctor, I am the last line of

defense when it comes to my patient and their medical care. And I think it's about time we all stood up and took note of what's going on around it and call a spade, a spade.

[00:03:45] And yes, advocate Sabelo is right. When we prove that this is a fraud, then Pfizer, neither Pfizer nor the government have a foot to stand on. An illegal act is an illegal act. And no manner of your deliberations and contestations, no matter your agreements with different groups – all that falls apart if it's proven to be fraudulent and you can see it has been from the start.

[00:04:12] Shabnam Palesa Mohamed: Thank you, Dr. Chetty, Dr. Chetty of course comes with over 30 years of experience of treating patients predominantly in the rural areas. He's also got a very strong science background and clearly a following in the comment section as well.

[00:04:25] Dr. Chetty, that the topic that we believe would be of most value given your expertise today is a spike protein toxicity as evidence of C19 jab related harm. You have the mic for 10 to 15 minutes.

[00:04:41] Dr. Shankara Chetty: Okay Shabnam. I think it's vitally important. Spike protein is the primary pathogen of Covid illness. So coronavirus doesn't kill anyone. Coronavirus is just a virus. Humanity's been exposed to it for generations and it's never caused this big a problem. Now, we know that we have a bat virus that jumps species to human beings. And the thing that allowed this virus to jump to a human being is the spike protein, the receptor protein that gives it affinity for its host and of course its host receptor, and that is the spike protein. So from the start of this pandemic, I had one eye on the spike protein.

[00:05:23] Now, understanding the biphasic nature of the illness, the second part of the illness is triggered by spike protein. Now, on the eighth day, when spike protein is now free, no more attached to the virus and your immunity is actually started to destroy this virus. That's the reason people start to have this initial feeling of well-being by the fifth or sixth date. This free spike protein triggers a reaction in your body on the eighth day. It doesn't do this in everyone. There's a subset of people who are allergic to spike protein.

[00:05:53] And so this three spike protein triggers a severe hypersensitivity reaction on day eight, which left uncontrolled creates severe hyper inflammation. And that progresses to hypercoagulation. And it is basically the pathophysiology around Covid illness. And it's the reason for all the mortality and morbidity. So the coronavirus hasn't killed anyone. It's the reaction to spike protein that has killed the numbers of people that we are seeing. And it is simply because of a withholding of treatment to these patients. For no other reason.

[00:06:29] So if we treated these people, we'd have no mortality and morbidity from Covid illness. So I think the understanding of spike protein is vital. Vital also from the perspective that we're dealing with a manmade pathogen and something that is engineered. And so I think the understanding of spike protein is vital. Spike protein is what causes the disastrous effects in Covid illness.

[00:06:55] Spike protein is also what the messenger RNA or the adenoviral vector vaccines attempt to get your body to manufacture. So it's a common thread that runs through this pandemic. And it's been my focus from the start seeing that I, I suspected it to be the primary pathogen in Covid illness.

[00:07:17] Now, when you look at spike protein, an initial exposure to spike protein like the virus gives us, it is a small dose on the eighth day, and it's a relatively transient exposure and that transient exposure can trigger hypersensitivity reaction in a small proportion of people. And that hypersensitivity reaction if unchecked and unarrested very effectively, uh, aggressively and timeously, spirals out of control, like a bee sting if you're allergic to it. If left uncontrolled, very quickly would lead to mortality and morbidity.

[00:07:51] So we know that spike protein triggers this initial reaction with a very small dose in a very small subset of people. But the focus of my work has been more to understand the longterm effects of exposure to spike protein.

[00:08:05] Now, just, just to put some frame to that, if you look at penicillin, penicillin's an antibiotic, that's its biologic effect. For penicillin to be a, an antibiotic you need to be exposed to a full course of it and its biologic effect will then become apparent. However, if I gave every person on this planet, a single dose of penicillin, it would not act as an antibiotic. It's just a single dose. But if I made sure that for the next few days, I denied everyone any further treatment. All the people that are allergic to penicillin would die from an allergic reaction to penicillin. So that's what we've seen with Covid illness. We've seen an allergic reaction to a transient dose of spike protein left untreated and caused all the mortality and morbidity.

[00:08:49] However, with our exposure to the vaccines, we are now being exposed to the full dose. Like the full dose of penicillin will be an antibiotic, we need now to understand what the prolonged exposure to spike protein will actually do to the human body. So we need to understand the biologic effect of spike protein on the human body, and that is where research needs to go. That is going to be the basis of medical care, I'd say for the next 10 years. Trying to understand the harm we've done.

[00:09:20] Now, when you look at spike protein, we've got the short term medium term and term effects that we need to look at. We know from Covid illness, that short-term, it can cause severe hypersensitivity, hypercoagulation, hyper inflammation.

[00:09:35] From the initial presentation of Covid in the first wave we saw the breathlessness. We know that spike protein can cause a very severe hypersensitivity pneumonitis. That's what we saw in the first wave. In the second wave, we saw more gastrointestinal symptoms. So we know in the short term, spike protein can trigger very severe gastrointestinal inflammation. In the third wave, we saw the endothelial injuries and the clotting problems. So we know that in the short-term, spike protein can cause thrombosis and a lot of clotting disorders.

[00:10:09] And now with Omicron, we seeing that the change now in the spike protein is resulting in quite a few neurologic manifestations. So with Omicron, I'm seeing quite a bit of neuropathy. Neuropathy that seems to be very targeted. Very specific kinds of headaches, very specific kinds of neck pain in the cervical spine, very specific type of neuropathy around the T 10 T 11 levels at your diaphragm. We seeing the reemergence of sciatica, those kinds of things. So we know in the short term, this is what spike protein can do. It can damage your lungs, it can damage your, your gastrointestinal tract, it can damage your nerves, and it can cause you clots.

[00:10:52] Now we've seen that with the vaccines. We've seen that within the first 14 days of vaccinations, we've seen those as side effects. You've seen the neurologic problems. We've seen the people getting breathless after the vaccine. We've seen people developing all the neurologic side effects in that early phase. And of course we've seen the clots. Of course, the manufacturers have been trying to be disingenuous and trying to say that the first 14 days of symptoms after vaccination is not related to vaccines, I think that's just to hide from the initial effects.

[00:11:24] It is very close to the initial side effects of the vaccine, a very closely related to what we've seen in Covid illness. And that is a transient exposure to spike protein. Longer exposure to spike protein is going to bring all its other biologic effects into play.

[00:11:39] Now, just to put that into perspective very quickly, we know that spike protein can cause endothelial injury. This is injury to the linings of your blood vessels. Those endothelial injuries will result in clots. Those clots will be diverse throughout the body. So they'll result in pulmonary emboli, myocardial infarctions, thrombi throughout the body, strokes, transient ischemic attacks.

[00:12:05] So we're going to see a lot of clotting issues with people resulting from endothelial injury. And there will be a subset of our population who are predisposed to those endothelial injuries, like our diabetics

and hypertensives, who will be more prone to developing these kinds of clots. And of course, that's going to be put down to comorbidities.

[00:12:27] So people that have preexisting endothelial dysfunction will be more prone to having the endothelial injuries and be more prone to having these kind of thrombotic phenomenon occur within. Then we know that we've seen with the younger generation taking the vaccines that we've had, these myocardial injuries. The myocardial injuries seem to stem from an immune mediated damage to the myocardial tissue. And that's been seen in younger patients.

[00:12:57] So we know that there's going to be a groundswell of myocarditis. We've seen that in young athletes. We've noticed, I think a two or 250% increase in the incidence of myocarditis in previously healthy individuals. Obviously causation is difficult to prove, but this has all transpired since the start of the vaccination program. So we got to look at the myocardial injuries that spike protein is going to cause.

[00:13:24] Then from the perspective of the neuropathy, which we've seen in Covid infections, we know that spike protein has similarities to other pathologic proteins, like prions. And so we've seen the neuropathies that have manifested. But also we've seen other neurologic injuries that have shown up, that are basically more central in their pathology. We've seen an increase in Parkinson's. We've seen an increase in dementia. We've seen an increase in Alzheimer's. I've seen patients who had Alzheimer's and dementia suddenly worsen post vaccination.

[00:14:02] So we dealing with prion like neurological illnesses, and we gotta keep our eye open for all the diversity of these illnesses that might become aparant. Yes, causation will be difficult to prove, but I'm sure if we look year on year and keep our eye on all cause mortality we'll be able to find causation and prove that was Asian.

[00:14:26] Then spike protein also has shown to have similarities to pathogenic proteins seen in HIV. Now we've seen after vaccinations patients having CD four counts that have dropped, we've seen immunosuppressant effect of the vaccine itself. With Omnicron, about 70% of the patients I've seen were fully vaccinated. So it seemed to be targeting fully vaccinated people. I would have expected the selection of the Omicron variant to have risen, because of vaccinations, to try and circumvent vaccines and so it targeted vaccinated people.

[00:15:02] We've seen from studies around the world that after a period of about six months, the vaccine efficacy actually drops below baseline, means it has a detrimental effect on your immunity. And that detrimental effect on your immunity is going to show up with the reemergence of latent illness, viruses that were latent. So we've seen the reemergence of Epstein-Barr virus. We've seen a shingles remerge. Herpes zoster. We've seen a lot of the worsening of TB in certain patients. So we expect with the immune suppression, there will be a reemergence of certain infections.

[00:15:40] Also with this immunosuppressant effect like HIV has, we're going to see the re-emergence of cancers that were in remission. So those patients that had cancers that were in remission, that had good immunities and kept those cancers in remission. And now we're going to have the immunities damaged and those cancers are going to resurface. Unfortunately, that's going to be seen as a predisposition and won't be attributed to a vaccine effect. So that's something else that we need to look out for.

[00:16:12] And if we keep our eye again on all cause mortality, we need to look at this from a very distant view to compare to previous years for us to understand the full gambit and potential of this toxin call spike protein. Because it will kill in a variety of ways in a broad timeframe, which will make it very difficult to classify it as a poison and to classify its toxicity. So we got to keep a very close eye on all the different potential biologic effects.

[00:16:46] We know that spike protein also crosses into the nucleus of the cell. It affects the BRCA protein, which is the protein vitally important in DNA repair, especially double stranded DNA breaks. If that DNA repair is affected, then certain cells that are damaged will not be able to repair. And if they remain viable, will turn into cancers. And we expect to see an explosion in cancers.

[00:17:11] Also, and lastly, the mRNA vaccines are meant to make yourselves make spike protein, which is the toxin, yeah? That's why protein is a membrane protein in whichever cell in your body is called upon to make this protein would probably incorporate that new made spike protein into its membrane because spike protein's a membrane based protein. Once that spike protein is incorporated into that cell's membrane, that cell will be recognized as foreign by your body and that will trigger an auto immune response.

[00:17:44] So depending on where the spike protein is actually made in the body and the type of tissue that it gets incorporated in, there is a host of autoimmune illnesses on the horizon. And all those autoimmune illnesses need to be kept at the back of our mind.

[00:18:01] So we're going to see a complete change in the way medicine is practiced. And our understanding of the spike protein is vitally important, I think in the next 10 years of the practice of medicine. This might turn out to be the most toxic environmental pollutant that has befallen our planet. Like Dr. Rapiti mentioned, spike protein does spread through body fluids, through air. It is a toxic substance. I have seen patients that have been affected by spike protein shedding, I myself have. So spike protein is something that sheds.

[00:18:40] From the efficacy of the vaccine, I'm suspicious that the vaccine efficacy is because of what we'd call tolerance. Being exposed to spike protein makes you a little tolerant to spike protein. And so when you get Covid on the eighth day, you don't have such a severe reaction. Cause the spike protein made you a little tolerant. But once you stop making spike protein the tolerance goes away.

[00:19:03] And so I've noticed that the vaccines after about six months, you start getting severe illness. Again, it has no benefit in preventing severe illness. And so my suspicion is that we're making spike protein for about six months. So in that first six month period, you're shedding spike protein, and you're a danger to all those around you. And that's basically what I've seen. If you live past those six months with no side effects, hopefully you would have stopped making spike protein. And I think scientific research needs to go in the direction of trying to understand what spike protein does and find ways to negate its deleterious effects.

[00:19:39] I hope this provided some understanding of where we need to go and the gravity of the situation that we face. This is a poisoning on a global scale, and we're going to have a lot of difficulty trying to prove it, seeing that it all looks to have been well pre-planned. A lot of different contracts were put in place to negate what was already foreseen. So I think doctors like Dr. Rapiti and myself, who've taken the initiative from the start to treat patients, have realized, I think by the fifth patient, I saw that I realized something was amiss.

[00:20:20] I've used hydroxychloroquine for many years and as soon as I saw the first study talking about its potential risks, I knew that there was a rat amongst us. And so it's been my push from the start to educate patients and educate doctors and try and keep away from the governance structures. Cause it's the governance structures that are the reason for all the mortality and morbidity and they need to be held accountable.

[00:20:46] Shabnam Palesa Mohamed: Dr. Shankara Chetty, I want to thank you before we turn to Q&A, just for your massive contribution to understanding causation, but also to navigating the C19 chapter that the world is seeing itself out of.

[00:21:00] Dr. Mark Trozzi, we have about four minutes for Q&A. Have you picked up any key questions in the chat or the Q&A section, preferably, for Dr. Chetty?

[00:21:09] Dr. Mark Trozzi: Yes, I have a few picked out from the Q&A. Huge thanks to you, Dr. Chetty.

[00:21:14] As Dr. Chetty said, I just want to kind of stand behind you and say, hear, hear, there are so many receptors and so many ways for the spike protein to poison the body, that it creates this cover. We must be careful of. They say, well, this is this disease that disease, this disease, that disease, nothing to do with the injections, but really all to do with the injection. Spike protein poisoning, iatrogenic, whatever term we want apply is the new, big disease, or one of the new, big diseases along with the autoimmune.

[00:21:40] So one question here. Kind of a question and comment from Chris Vandermier. He's discussing a Swedish study, which talks about the evidence for the spike protein damaging the DNA repair machinery, as well as effects on the adaptive immune machinery. He's given a great reference to an article for us, but is asking what do you think that will mean in relation to cellular aging?

[00:22:04] Dr. Shankara Chetty: Mark, that has grave implications. You know, we have thousands of cells, DNA that get damaged on a daily basis. We are exposed to chemicals, we're exposed to radiation, and our body has a beautiful mechanism to repair it with the BRCA protein. Now, with the spike protein injuring this mechanism, you're going to have injuries that make cells non-viable. So our cells are not going to have the ability to rejuvenate and repair. That's going to speed up the aging process. I won't say speed up the aging process, but speed up the disease process. And we're not going to be able to actually repair ourselves. And those cells that actually are damaged and remain viable, that means can divide, they will be damaged enough to become cancers.

[00:22:58] And so we're going to see an explosion of cancers that we've never encountered before. Same with the explosion of autoimmune conditions like we've never seen before. Things that we considered very rare are going to become very mainstream. When you tamper with DNA itself, the basis of our human existence or the existence of everything on this planet, we treading on very, very thin ground.

[00:23:26] And so I think we need to be very cautious. We have some, some very, very tough times ahead, but the people that have got us to this point have to be held accountable for their actions. They cannot claim ignorance. These are the experts that brushed all of us aside and forced this agenda. They are the experts that haven't seen a patient with Covid in this entire pandemic, but have pushed the narrative. So they must be held accountable. Everyone that has actually had an influence on this pandemic by their omissions or commissions must be held accountable. Or you should have remained silent and left it to those of us who are brave enough to help people.

[00:24:20] Dr. Mark Trozzi: I have another question. If there's time, there's quite a few really great questions. I hope you have time to look through and please forgive me folks that I've missed some great questions. I'll reply to some also, but of course they would like to hear your reply the most Dr. Chetty.

[00:24:32] Mohit Garb has commented that he had a mild Covid infection two years ago but continues to have chest pains. And is wondering if this could be part of his Covid. "Can I suffer from Covid influenced after two years," is lead question.

[00:24:49] Dr. Shankara Chetty: Yes, Mark. What we've seen with long Covid, and I'm working here quite closely now with Dr. Tina Pierce, we're trying to form a little group where we can start to address these long Covid symptoms. But what's transpired here is that on the eighth day, we have to start off the second phase in this Covid illness. And that is actually an allergic reaction. That allergic reaction can be mild, moderate, or severe. Like a bee sting, a majority of us are not allergic to it and have no consequence, but there's some that would have a mild transient reaction and recover completely from that. There are those that would have a severe reaction and within a day or two would be in need of critical care. And if not

given that critical care will demise. And those are the people that died from Covid. The high mortality and morbidity came from those critically allergic individuals.

[00:25:41] However, you got a big subset of people that are moderately allergic. So it's like getting a bee sting and having a rash all over your entire body. And because we're not treating it and allowing the body to rectify this, it might take a year or two for this to find some middle ground. And that's long Covid for you.

[00:25:58] So long Covid is basically a mast cell activation syndrome that's left unchecked. And of course, the longer you leave this process unchecked, the more damage it would cause and some of that damage is going to be irreversible.

[00:26:14] So where this comes to light very clearly is that, in the first wave, when I had discovered this biphasic nature, I caught every patient on or close to the eighth day, if they had a reaction, and I treated them to the point of complete suppression of this reaction. And in the first wave, out of all the hundreds of patients that I'd seen, some with very severe Covid illness, I had not a single patient developed long Covid. So long Covid is basically moderate Covid illness, left untreated. As simple as that. And so our understanding of Covid illness, catching the second part of the illness timeously and suppressing it timeously solves the problem.

[00:27:02] So you can understand the reason I've been against the vaccination campaign as something wholly unnecessary from the start,. We've got a completely treatable illness here. We could have understood it very clearly. And we sitting with a two year old spike protein vaccine that's actually toxic to the entire planet. Makes no sense.

[00:27:26] Shabnam Palesa Mohamed: Thank you very much, Dr. Shankara Chetty and Dr. Mark Trozzi.

[00:27:30] Dr. Chetty, if you can have a look at the comments and questions in chat and Q&A, we would be very grateful. Thank you for your work and what it is contributing to understanding causation and enhancing both transparency and accountability for survivors, victims, and their supporters. We are very grateful.

[00:27:48] Dr. Shankara Chetty: Thank you for having me, Shabnam. Thank you, thank you.